

Striving for Excellence in Care for Dementia Residents

Carol Steinberg

Luz Jaramillio, director of community relations at The 80th Street Residence in New York City, led an evaluator to the residence's home-like activities room. There, a dozen individuals with memory impairment were doing leg lifts, arm pumps, and other exercises—exactly the endeavor scheduled to take place at that time according to an activities sheet posted in various spots around the facility. That scored a check on the evaluator's sheet.

As Jaramillio moved upstairs, she smelled the scent of coconut oil permeating through a residential floor as the elevator door opened. A look at a randomly selected woman's room suggested a home-like feel with family photos and the resident's own paintings on the walls. Absent were hazardous materials; the pathway to the bathroom was unobstructed; and a functional night light was shining. Jaramillio made more checks on the evaluation sheet.

The on-site evaluation of The 80th Street Residence, an assisted living (AL) community for those with memory impairment, was well on its way. Although the facility undergoes state health department inspections each year, this evaluation was different: The 80th Street Residence had asked for it.

Nationwide Standard of Excellence

The evaluation is part of a new pro-



gram unveiled by the Alzheimer's Foundation of America (AFA) that sets a nationwide standard of excellence for settings that provide care to individuals with Alzheimer's disease or related dementias. Called "Excellence in Care," the initiative reflects what AFA believes are the essential components of any quality dementia care program and continues the national nonprofit organization's ongoing efforts to raise the bar on dementia care.

The evaluation will determine

whether quality care is being provided in an environment that has adopted proactive techniques and approaches to promote the optimal health and welfare of its clients with dementia. "We are challenging professionals in this field to look at their settings to the nth degree and reach even higher—for what we believe is a gold standard of care," states Eric J. Hall, founding chief executive officer of AFA who feels passionately about introducing this type of program.

Beyond Dementia-specific Initiatives

Hall emphasizes that the new dementia-specific initiative goes beyond quality improvement recommendations or performance measures. "This involves an actual on-site evaluation, a real hands-on approach so facilities can look at themselves through fresh eyes, and set their sights on achieving optimal care through small changes or a large culture change.

"But it is far from 'do the evaluation and run.' We work side-by-side as a team with settings to direct them toward obtaining our comprehensive standards, and we do this within the context of the myriad government regulations. In this way, we hope to promote continual improvement of care and best practices throughout the country," Halls says.

AFA believes the standards are especially necessary as the incidence of Alzheimer's disease continues on the upswing, evidence mounts about the effectiveness of cognitive therapies to slow the progression of symptoms of the disease, and AL facilities face growing demand for dementia care units. A recent survey by the MetLife Mature Market Institute shows that 61% of the nation's AL facilities and 36% of nursing homes provide specialized care for individuals with dementia.¹

Program Design

AFA designed the program with participation from the Avila Institute of Gerontology, an AFA member organization based in Germantown, New York, which provides high-quality education programs and was established to enhance the ministry of the Carmelite Sisters for the Aged and Infirm. The Carmelite Sisters serve in 21 long-term care (LTC) facilities in 8 states and Ireland. AFA also obtained input from other AFA member organizations, national organizations, and industry experts.

Input into the initiative by Sister M. Peter Lillian Di Maria O. Carm., Director of the Avila Institute of Gerontology, was based on her 30 years of ex-

perience in working with elders. "My hope has always been that we who dedicate our lives to caring for elders never allow our services to become so routine that we forget to treat each person as a unique human being. I felt that if we define optimum care and then are willing to assess it, we help caregivers provide the best care available today," she explains.

Excellence in Care applies to settings such as AL residences, skilled nursing facilities (SNFs), continuum-of-care residential communities, and adult day care and adult day health-care programs; the care setting pays a fee to participate. Dementia care professionals with extensive experience undergo training by AFA and Avila Institute to become Excellence

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in Care specialists and are then assigned to do on-site evaluations and consultations with dementia care settings in their geographic areas or elsewhere across the nation.

On-site Evaluation

Accompanied by an on-site coordinator appointed by each care setting, the Excellence in Care specialist focuses on 3 core areas: education, environmental safety, and performance improvement.

The specialists review documentation to ensure training of direct and indirect staff, as well as family and friends of residents or clients on topics related to dementia care, and they also look at written procedures related to safety, such as fire drills, elopement, and pain management.

The extensive on-site evaluation of the care setting includes program design, environmental factors, safety

features, staff-client interaction and engagement, interpersonal communication, recreational therapies, clients' personal hygiene, privacy issues, and standards related to nutrition and hydration and other activities of daily living (ADLs), according to the following list of examples:

- Are all potentially hazardous materials stored so they are not accessible to unsupervised persons?
- Can staff members verbalize the system for identifying residents or clients?
- Can persons with dementia safely enjoy outdoor recreation?
- Does documentation support evidence of elopement drills?
- Are unpleasant smells minimized and pleasant ones promoted?
- Is there a system in place to reduce reliance on restraints for persons with dementia?
- Are common bathrooms easily identified, clean, and private?
- Is the activity room safe and inviting?
- Are socialization, adequate hydration and nutrition, and independence encouraged during meals?

Annual Performance Improvement Project

As part of the program's emphasis on ongoing excellence in care and sustaining quality dementia care, each facility must undertake an annual performance improvement project. These projects could be aimed at bolstering the effectiveness of recreational therapies or improving communication techniques with clients as their disease progresses, for example. The settings identify their own growth areas and develop interdisciplinary plans for effective interventions.

Following an on-site evaluation, the AFA specialist briefly reviews the findings with the on-site coordinator and other administrative staff, and AFA sends a written summary of the evaluation to the care setting within 30 days. If a setting does not meet certain standards, the staff has the opportunity to consult with the specialists and explore solutions. They will

then be up for a second on-site evaluation of only those standards that were previously not in compliance.

When settings achieve the status of AFA Excellence in Care Dementia Program of Distinction, they receive a plaque and decal for display, and can use the distinction in marketing materials. A facility is reevaluated every 2 years.

Excellence in Care Dementia Program Status

Dementia care providers can use the Excellence in Care distinction to separate themselves from competitors, and families gain a valuable resource—a measurement tool that will assist them in deciding on a quality care setting for their loved ones.

Sister Di Maria believes that participation in the program sends a powerful message to industry insiders and consumers. “Every place that begins to make changes and implements the concepts of Excellence in Care is another organization that provides all that it can for those suffering from dementia today. I believe it is quite comforting for loved ones to know that the provider strives to be the best in dementia care through education, performance improvement, safety, and interpersonal interactions,” she says.

AFA’s Hall says the standards were designed to be so comprehensive that facilities might not achieve the Excellence in Care status on the first round. “They might not meet the standards initially, but the main point is that we will identify issues of concern and give facilities the opportunity to correct them. By having the standard, it raises everyone’s consciousness about the facility and the people it cares for. It serves as a springboard for conversations among staff and paves the way for performance improvement,” he says. AFA will garner input from specialists and facilities on an ongoing basis to continually update the program.

The 80th Street Residence

At The 80th Street Residence, which

was one of the first settings to undergo the Excellence in Care on-site evaluation, the specialist cited a few areas of minor concern and will be working with the facility to correct them. The 80th Street Residence, which was acquired by Upper East Side Senior Residence, LLC, in January, has 70 residents with an average age of 80 to 85.

According to Sandy Horan, AFA’s director of Excellence in Care and a former executive director of an AL community, “The evaluation did what it was supposed to do: bring attention to any problem areas. Now the challenge begins, to address them in a practical way that works for the care setting and ensures optimal care and safety.”

Executives at The 80th Street Residence were not surprised by the on-site evaluation. Clare Shanley, the facility’s new executive director, went in with open eyes—expecting that some areas might need improvement. “I’d be suspect of any critique that came through with 100 percent performance. There is always room for improvement and growth,” she says.

Shanley was excited about undergoing the evaluation because of its potential impact on the facility as a whole, its staff and prospective clients. “I like to have reinforcement that what we’re doing is the right thing and to learn what new things might make us even better,” Shanley explains. Further, she suggests that the Excellence in Care standards are “more reflective in capturing the true core of what should be accomplished in dementia care. We focus so many times on the physical, the mechanical components of care. I love that this incorporates the whole person.”

Shanley says of her 74-person direct and indirect care staff, “It’s an eye-opener for all the staff and offers each employee the opportunity for personal growth. It also brings them back to our main focus. You can never remind them too often that we’re here for the residents.”

Jaramillio, who is serving as The

80th Street Residence’s on-site coordinator for Excellence in Care, acknowledges that the facility did its own once-over and had implemented 1 or 2 written policies in advance of the evaluation. For example, the state does not require the facility to have a written pain management plan, but The 80th Street Residence recently developed one. Its written pain management plan includes a tool to assess physical and emotional pain and to educate staff and family about how to assess pain in an individual with dementia—both of which resulted in meeting the Excellence in Care standards in that category.

According to AFA’s Hall, “That’s exactly what we want to see. If giving dementia care professionals food for thought is all that Excellence in Care does, the program would be effective. But we believe it will go beyond that and directly benefit the population.”

Shanley is hopeful about receiving the Excellence in Care status in the near future. Rising competition in the industry and better educated consumers make it a “given” to use this type of status for marketing purposes. But that’s just one part of a much bigger picture. “As the only AL facility in Manhattan totally dedicated to dementia care, not to have this would be an embarrassment,” she states. “We look to be role models rather than followers, and this program helps us do that.” **ALC**

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References

1. MetLife. More and more assisted living facilities, nursing homes providing Alzheimer’s care, some with additional costs, according to MetLife Mature Market Institute study [press release]. February 6, 2006. Available at: www.metlife.com/Applications/Corporate/WPS/CDA/PageGenerator/0,4132,P250%257ES794,00.html. Accessed February 15, 2007.